

Phone # (optional):

# Form CPF M 102: Campaign Finance Report

TOWN CLERK'S OFFICE AREINGTON, MA 02174

E-mail: N. MITADAQUEUN C. COMMIT. NAI

**Municipal Form** Office of Campaign and Political Finance

E-mail: N. MISHONOULUI & WARLIT. NES

Commonwealth 2021 MAR 31 AM 9: 02 of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	121 Ending Date: 4/1/21
Type of Report: (Check one)	
	30 day after election year-end report dissolution
MICHOLAS MIFROPOULUS	Communica to Ellet Nicholas Mitrograsius
Candidate Full Name (if applicable)  ARLINGTON HOUSING AUTOMITY	Face Festilos
17 Stan 17, Addington, ms 02479	Name of Committee Treasurer 17 Jean 15 Anington, MA 03474
Residential Address	Committee Mailing Address

Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) 2,495.76 Line 3: Subtotal (line 1 plus line 2) 20281, 26 Line 4: Total expenditures this period (page 5, line 14) 2. 425, 26 Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6)

	Line 7: Total (al	l) outstanding liabilities (page 7)		0
	Line 8: Name of	bank(s) used: TO BANK		
I certify that I	Committee Treasurer: have examined this report incl	uding attached schedules and it is, to the best	of my knowledge and belief, a true and complete	e statement of all campaign finance
imance activit	ty of all persons acting under the penalties of perjury:	ie authority or of behalf of this committee in a	ontributions and liabilities for this reporting period accordance with the requirements of M.G.L. c. 5: (Treasurer's signature)	5. Date: 3/27/4
Candida I certify t activity,	te with Committee that I have examined this repor of all persons acting under the	TLY: Affidavit of Candidate: (check 1 box t including attached schedules and it is, to the authority or on behalf of this committee in acc penditures on my behalf during this reporting	best of my knowledge and belief, a true and comordance with the requirements of M.G.L. c. 55.  period that are not otherwise disclosed in this rep	nplete statement of all campaign financ I have not received any contributions, port.
I certify to	ctivity, including contributions	, loans, receipts, exponditures, disbursements.	best of my knowledge and belief, a true and com in-kind contributions and liabilities for this repo candidate in accordance with the requirements of	orting period and represents the
Signed under	the penalties of perjury:	VIA	(Candidate's signature)	Date: 3/27/21

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/25/21	LUAN FROM CAUSIONTÉ	2,495,76	QUANTER ix COMPUREN
ine 9: Total Dacai	pts over \$50 (or listed above)	2462	
	ipts \$50 and under* (not listed above)	2,485.76	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	2.481.76	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

# SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)  Amount		Occupation & Employer (for contributions of \$200 or more)	
			To the transport Market Model	
ine 9: Total Receip	ots over \$50 (or listed above)	a section of the sect		
	pts \$50 and under* (not listed above)			
	ECEIPTS IN THE PERIOD			
	receipts of \$50 and under, include them in lin		Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/26/21	Phinims	17B GILL OF LUNGUE, MA DIENI	MASLINS	2, 485.70
		, ,		
-				
		Line 12: Total Expenditures ov		2.455.2
	Enter on page 1, line 4 -	Line 13: Total Expenditures \$50  Line 14: TOTAL EXPENDIT		2,491:76

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	Li	ne 12: Expenditures over \$50	O (or listed above)	
	Li	ne 13; Expenditures \$50 and	under* (not listed above)	
	Enter on page 1. line 4 → Li	ine 14: TOTAL EXPENDIT	URES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

# SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		,		
	'			1110000
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		Line 18: TOTAL OUTSTAND		